

**DDRS INCIDENT REPORTING AND MANAGEMENT POLICY
FREQUENTLY ASKED QUESTIONS
TABLE OF CONTENTS
Effective 3/1/2011**

The following Frequently Asked Questions (FAQs) have been developed in conjunction with the DDRS/BDDS Incident Reporting and Management Policy (<http://www.in.gov/fssa/ddrs/3340.htm>) and apply to all providers who provide services to individuals receiving supports/services through BDDS.

To move to a specific area of the document, press the CTRL key and Left Click on the topic within the table of contents.

To initiate a key word search within this document, press CTRL and the F key. Type in the key word you are looking for (e.g., choking) and follow the prompts given.

Contents

CURRENT POLICY/PRACTICE/PROCESS.....	3
WEBSITE	4
REPORTING INCIDENTS	4
PROCESS	6
INITIAL INCIDENT REPORT COMPONENTS.....	7
PLAN TO RESOLVE.....	8
FIELDS (DATA ENTRY).....	9
CORRECTIONS NEEDED	9
FOLLOW-UP INCIDENT REPORTS	10
COPIES OF INCIDENT REPORTS	10
INCIDENT REPORT RETENTION	11
DATA ANALYSIS.....	11
CASELOADS	12
ANTI-SCALD DEVICE.....	13
APS/CPS	13
BASIC FIRST AID.....	14
BEHAVIOR DISPLAYED WHICH IS INCLUDED IN A BEHAVIOR SUPPORT PLAN	14
CHOKING	14
ACUTE MEDICAL CONDITION.....	15
CHRONIC MEDICAL CONDITION	16
CONSUMER TO CONSUMER AGGRESSION	16
CONSUMER TO STAFF AGGRESSION.....	18
CRIMINAL ACTIVITY (alleged or actual)/CRIMINAL HISTORY CHECKS.....	18
DEATH.....	19
EMOTIONAL/VERBAL ABUSE.....	19
ELOPEMENT	19
EMERGENCY ROOM VISITS	20

EPI-PEN USE	20
FALL WITH INJURY	21
FIRE	21
HABITABLE/UNINHABITABLE RESIDENCE	21
HIPAA	22
HUMAN RIGHTS COMMITTEE (HRC).....	22
ICF/DD	22
INDIANA STATE DEPARTMENT OF HEALTH (ISDH).....	22
IN-PATIENT HOSPITALIZATIONS.....	22
INVESTIGATION OF ALLEGATION OF ABUSE, NEGLECT OR EXPLOITATION OR VIOLATION OF INDIVIDUAL’S RIGHTS.....	22
INVESTIGATIONS CONDUCTED AT ICF-DD CERTIFIED FACILITY (GROUP HOMES (SGL) AND LARGE PRIVATE ICF-DD FACILITIES)	23
IS THIS A REPORTABLE INCIDENT?.....	23
LATE SUBMISSION/LACK OF SUBMISSION OF INCIDENT REPORTS	26
MEDICATION ERRORS.....	26
MEDICATION REFUSALS	27
MISSING PERSON.....	27
MULTIPLE CONSUMERS AFFECTED	28
NEGLECT	29
NURSING HOME ADMISSION.....	29
PHYSICAL ABUSE.....	30
PLAN TO RESOLVE TIMEFRAMES	30
POLICE INTERVENTION	30
PRIVATE PAY.....	30
PRN MEDICATION	31
PROVIDER INTERNAL INCIDENT REPORTS.....	33
RELOCATION.....	33
REPORTING AND INVESTIGATING ALLEGATIONS.....	33
RESPONSIBLE SUPERVISORY PROVIDER (BDDS)	34
RESTRAINT/RESTRICTIVE TECHNIQUE.....	34
RISK PLANS.....	35
SEIZURE ACTIVITY	35
SENTINEL EVENT.....	35
SERVICE DELIVERY SITE	36
SEXUAL ABUSE.....	36
SIGNIFICANT INJURY	36
SLEEP STAFF.....	37
STAFF SUSPENSION	37
SUNBURN	39
SUPERVISION PROVIDED BY SECTION OF THE INCIDENT INITIAL REPORT	39
UNKNOWN INJURY	40
URGENT CARE CENTER	40
USE OF AVERSIVE TECHNIQUES	40

CURRENT POLICY/PRACTICE/PROCESS

- Q. There are several memos, interpretations, bulletins, packets of training materials, and so forth that have been distributed since the BDDS Policy on Incident Reporting was created in 2001. If there are inconsistencies between these various documents, how do I know which one to use?**
- A. The current Policy on Incident Reporting and Management effective March 1, 2011, is posted on the BQIS website (<http://www.in.gov/fssa/ddrs/3340.htm>). This document along with the IAC Title 460 Article 6 Regulations (for individuals on the waiver) and the ICF/MR Regulations (for individuals in SGL and/or LP-ICF/DD settings) supersede all prior communications regarding incident reporting and management.
- Q. What are the differences between the old and new policies?**
- A. The document summarizing the changes between the old and new Incident Reporting and Management policies is available at <http://www.in.gov/fssa/ddrs/2635.htm>.
- Q. Are the other Waivers such as the A&D Waiver subject to these same reporting guidelines?**
- A. The DDRS Incident Reporting and Management policy effective March 1, 2011 applies to all individuals receiving supports/services through DDRS services.
- Q. Will BQIS be tracking staff that move from provider to provider and have been alleged perpetrators of abuse, neglect or exploitation? If so, will the new provider be given that information?**
- A. BQIS is not currently tracking this information.

WEBSITE

- Q. What is the website for submitting incident reports?**
- A. The website is <https://ddrsprovider.fssa.in.gov/IFUR>
- Q. How secure is the IFUR website? Do I need to worry about confidentiality?**
- A. The URL will automatically take you to what is known as a “secure server.” The beginning of the address for this page reads “https://” which signifies that the webpage is a secure site. Information transmitted from this website is scrambled and sent directly to our database in Indianapolis.

CONTACT INFORMATION

Q. Who can we contact if we have a question whether an incident is reportable or not?

A. You can contact Peggy McClellan, Incident Management Supervisor at 260-482-3192, extension 130, Sharon Hudson, Incident Management/Mortality Review Director at 260-482-3192, extension 115, or any of the incident reviewers.

Please refer to the BQIS Website for current contact information

http://www.in.gov/fssa/files/BQIS_IR_RM_Specialist_Contact_Info_200912.pdf)

Q. Is there a website to look up the BDDS service coordinator?

A. The website for contact information for the BDDS District Offices is

<http://www.in.gov/fssa/files/BDDS.pdf>.

REPORTING INCIDENTS

Q. Can the general public use the website to report incidents?

A. As of 3/1/2011, if a private citizen wishes to report an incident, he/she should contact their local BDDS office for assistance or e-mail BDDSIcidentReports@fssa.in.gov. Some of the information required to submit an incident report, consumer's address, social security number, and birth date, would not always be known by a private citizen.

Q. Can I submit a report anonymously?

A. As of 3/1/2011, the IFUR website is not conducive to submitting anonymous reports. If a concerned citizen wants to share information regarding an individual, they can contact Peggy McClellan, Incident Management Supervisor at 260-482-3192, extension 130, Sharon Hudson, Incident Management/Mortality Review Director at 260-482-3192, extension 115 or via e-mail at BDDSIcidentReports@fssa.in.gov and we will ensure an incident report is submitted based on the information received.

Q. Is there a "HOTLINE" available for people who don't have access to a computer or who want to report an incident anonymously?

A. If a concerned citizen wants to share information regarding an individual, they can contact either Peggy McClellan, Incident Management Supervisor at 260-482-3192, extension 130, or Sharon Hudson, Incident Management/Mortality Review Director at 260-482-3192, extension 115 and we will ensure an incident report is submitted based on the information received.

Q. Who is responsible for submitting an incident report?

A. Per applicable rules and policy, reporting responsibility falls on the provider:

- Who is responsible for an individual at the time of an incident, or
- becomes aware of an alleged incident.

Additionally, all initial incident reports are to be submitted within 24 hours of the occurrence of the incident or the reporter becoming aware of or receiving information about an incident.

Q. If we are not the provider of the "waiver" service, but are doing the PA or another payer service, do we still do incident reporting? Or do we notify the agency providing the waiver services?

A. Per applicable rules and policy, reporting responsibility falls on the provider:

- Who is responsible for an individual at the time of an incident, or
- becomes aware of an alleged incident.

Q. Why do I still need to notify all other parties of an incident if I submit an incident report?

A. As a member of the Individual Support Team (IST), your notification of an incident to all other parties of the occurrence is part of the communication loop between team members. It is important that team members are notified in a timely manner of incidents that have occurred.

The current Incident Reporting system does not automatically send a copy of the incident report to all members of the IST.

Q. Who is responsible for sending the incident report to all of the other entities?

A. The reporting person is responsible for e-mailing and/or faxing the report to all other entities (e.g., case manager (as applicable), residential provider, other service providers identified in the ISP, APS/CPS (as appropriate), BDDS service coordinator, etc.).

Q. Does the incident report automatically go to the BDDS service coordinator?

A. The reporting person is responsible for forwarding a copy of the incident report to the BDDS service coordinator.

Q. Is the 24 hour reporting requirement based on business days?

A. All initial incident reports are to be submitted within 24 hours of the occurrence of the incident or the reporter becoming aware of or receiving information regarding an incident. For example, if an incident occurred on Thursday, the incident report should be submitted no later than Friday. If an incident occurred on Saturday, the incident report should be submitted no later than Sunday.

Q. Who should receive a copy of the incident report?

- A. The reporting person must forward a copy of the submitted Incident Initial Report within 24 hours to:
- APS/CPS (any allegation of abuse, neglect, exploitation, or mistreatment, any death)
 - The BDDS Service Coordinator
 - The residential provider (in an instance when there is a residential provider)
 - The case manager (in an instance when there is a case manager)
 - All service providers (e.g., day services, behaviorists, etc.) identified in the individual's ISP

Q. Who should be notified of an incident?

- A. The reporting person must notify the legal guardian (if applicable) of a reportable incident within 24 hours.

Caution: If the legal guardian is receiving a copy of the incident report, be sure the report is edited to protect the privacy of any other individual(s) and/or staff members (e.g., black out names and other identifying information).

Q. Are we required to provide the internal incident report to family members or just other providers?

- A. Family members/legal representatives should be notified of any reportable incident.

Q. What if I don't think an incident has been adequately addressed? Is there someone else I can contact to help?

- A. The Bureau of Quality Improvement Services (BQIS) has a department that handles complaints. The phone number is (812) 524-8529 and the e-mail is Genna.Lynn@fssa.in.gov.

Q. If something isn't a reportable incident but I have a complaint, who can I contact?

- A. The Bureau of Quality Improvement Services (BQIS) has a department that handles complaints. The phone number is (812) 524-8529 and the e-mail is Genna.Lynn@fssa.in.gov.

PROCESS

Q. What happens after I submit an incident report?

- A. As initial incident reports or follow-up reports are submitted on the web site, they are stored in a state-maintained database. The incident review/risk management specialists process the incident reports in the order they were submitted. When the initial incident report is processed, it is linked to a consumer based on the information submitted in the

report. The system links incident reports to an individual by the social security number, so if the SSN is submitted incorrectly, the report may be linked to the wrong individual's record.

Follow-up reports are linked based on the incident number the submitting person enters on the follow-up report. If the wrong incident number is used, the follow-up report may link to the wrong record. The incident number can be found either in the final data entry screen when submitting the initial incident report or in the follow up e-mail that is generated when the incident report is processed by BQIS.

Once the incident report process is complete (for both initial and follow-up incident reports), the system automatically generates an e-mail letting the case manager (for waiver recipients) and residential provider know whether a follow-up report is required.

Q. Are sentinel events provided to the case manager?

A. The case manager receives a copy of all incident reports for people supported through waiver services.

INITIAL INCIDENT REPORT COMPONENTS

Q. Is there a detailed list of what should be included in the narrative of an initial incident report?

A. Each incident is unique; however, the basic components would:

- Be comprehensive but concise when describing the incident (who, what, where, when and how).
- Be objective.
- Describe the incident, circumstances and activities taking place immediately prior to the incident.
- Be written so the narrative is clear on who did what (first names (not last names) can be used especially if multiple people have the same initials).
- Be written so the narrative is clear on the roles of the people involved (e.g., victim, aggressor, staff, etc.).
- Use formal names (not nicknames, not middle names) – this provides the reviewer a way to verify if the incident report is for the correct person.
- Indicate who reported the incident (e.g., individual, staff, family);
- Include information relative to:
 - The injury sustained (if any) and the body part(s) affected (e.g., 3” laceration to left lower arm, purple bruise approximately 4” in diameter on right thigh in shape of a heel print, etc.);
 - The type of treatment given, who provided the treatment, and the treatment location;
 - Indicate whether there was any negative outcome;

- If a restraint/hold was used, indicate the type of restraint and/or hold used and the length of time in the description of the incident. Indicate whether it is part of an approved BSP.

Q. Why can't I use an individual's initials when reporting an incident?

- A. Using a person's first name and last initial (e.g., John J.) in the narrative description provides the reader with a clearer picture of the other people (and their roles) involved in an incident. In some cases, there are people with the same initials involved in an incident and the reader is not able to clearly identify who was doing what.

Q. If two individuals involved in an incident have the same first name and last initial, how should they be referred to in the narrative?

- A. In the event this occurs, you can use the first couple of letters of each person's last name (e.g., Susan Bo and Susan Pr).

Q. When there is an allegation of abuse or neglect against a staff person or a family member, should the name of the alleged abuser be included?

- A. The alleged perpetrator's first name can be included in the narrative description. The alleged perpetrator's Social Security Number should not be included in the incident report.

Also see *CHOKING Section*

Also see *ELOPEMENT Section*

PLAN TO RESOLVE

Q. What are the components for the "plan to resolve" section of the initial incident report?

- A. Components for the "plan to resolve" include:
- Specific action steps (immediate actions taken since the incident occurred and the actions that have not yet been implemented) such as staff training, IST meeting, revision of ISP/BSP/risk plan, assessment, increased monitoring, staff suspension, etc. to ensure health and welfare;
 - Completion date (or estimated completion date);
 - Person responsible;
 - If restrictions are being implemented, have the restrictions been approved by a HRC, when will they be reviewed by HRC, what is the emergency approval process in the meantime?
 - What supports/counseling are in place for victims of abuse, neglect or exploitation;

- Is there a history of this type of incident (pattern? Same people involved? Same time? Same location?);
- Were risk plans/BSPs in place at the time of the incident?
- Were risk plans/BSPs being implemented at the time of the incident?

Q. We don't get closure notices of people receiving services through the SS waiver, can we?

A. The person responsible for follow-up (the case manager) is currently receiving closure notices for people receiving services through the SS waiver. The case manager should be communicating with all members of the team regarding the status of incident reports.

Q. Do staff need to be suspended due to an allegation of abuse, neglect or exploitation?

A. Yes, staff must be suspended from any type of work associated with the provider pending the outcome of the investigation.

Also see *CHOKING Section*

Also see *ELOPEMENT Section*

FIELDS (DATA ENTRY)

Q. On the Initial Incident Report, is the "Responsible Supervisory Provider" the Provider at the time of the incident or is it automatically the Residential Provider?

A. The Responsible Supervisory Provider is the provider who was responsible for supervision at the time of the incident.

Q. Will there be a category for caregiver supports in the drop down box for funding source on the IR website?

A. The addition of Caregiver Supports to the funding source drop down box has been discussed. Until this is available, please use the SLI (state line item) option for Caregiver Supports.

CORRECTIONS NEEDED

Q. I just submitted an incident report, and realized that I made an error. Do I need to resubmit the report?

A. Probably not. Just contact one of the incident reviewers via telephone at (260) 482-3192, extension 130 and we will let you know if we can correct the error on this end. If we can link the incident report to the correct consumer, we can fix most errors and will send you a corrected copy of the incident report.

FOLLOW-UP INCIDENT REPORTS

- Q. If a residential provider submits a BDDS incident report for a person on a waiver, then the follow-up report is to be submitted by the case manager. Does the case manager need to make the follow-up report available to anyone else?**
- A. Yes, the case manager needs to forward a copy of the follow-up report within 24 hours of submission regardless of weekends or holidays to everyone who received a copy and/or was notified of the initial incident report.
- Q. Is there a detailed list of what follow-up actions are needed for what types of incidents?**
- A. Each incident is unique; however, the basic components of a follow-up report would:
- Describe any additional follow-up or systemic actions being taken to address health and welfare.
 - Be thorough and complete.
 - Answer any questions that might have been asked when the initial incident report was processed.
 - Include information regarding a change in a medical condition (e.g., stitches removed, cast will remain for an additional 2 weeks, etc.).
 - Include a summary of the results of an investigation (e.g., allegations, injuries of unknown origin, etc.) and whether allegations were substantiated or not substantiated.
 - Include a statement indicating if staff were terminated if the allegation was substantiated. If an allegation was not substantiated, state how that conclusion was reached.
- Q. How often does a follow-up report need to be submitted?**
- A. A follow-up report needs to be submitted within 7 days of the date of the incident initial report and every 7 days thereafter until the incident is resolved to the satisfaction of all entities.

COPIES OF INCIDENT REPORTS

- Q. How can I get a copy of an incident report if I didn't save it after submitting it, or if the reporting person failed to send me a copy?**
- A. Contact Peggy McClellan or one of the incident reviewers in the table below and we will be happy to send you a report after we verify that you are authorized to have the information.

We will also be happy to send you incident numbers if you are submitting a follow-up report but don't know the Incident Report (IR) number.

Incident Review/Risk Management Specialist Contact Information

District	Contact Name	Phone Numbers	E-mail Address
District 1	Renee Depew	260-482-3192	Renee.Depew@fssa.in.gov
	Katie Jackson	260-482-3192	Katie.Jackson@fssa.in.gov
District 2	Renee Depew	260-482-3192	Renee.Depew@fssa.in.gov
	Katie Jackson	260-482-3192	Katie.Jackson@fssa.in.gov
District 3	Renee Depew	260-482-3192	Renee.Depew@fssa.in.gov
	Katie Jackson	260-482-3192	Katie.Jackson@fssa.in.gov
District 4	Avis Early	260-482-3192	Avis.Early@fssa.in.gov
District 5	Pam Fritz	260-482-3192	Pamela.Fritz@fssa.in.gov
District 6	Pam Fritz	260-482-3192	Pamela.Fritz@fssa.in.gov
District 7	Avis Early	260-482-3192	Avis.Early@fssa.in.gov
District 8	Avis Early	260-482-3192	Avis.Early@fssa.in.gov

Supervisor	Phone Numbers	E-mail Address
Peggy McClellan	260-482-3192	Peggy.McClellan@fssa.in.gov

Director	Phone Number	E-mail Address
Sharon Hudson	260-482-3192	Sharon.Hudson@fssa.in.gov

- Q. Can a case manager request copies of the provider's internal incident reports?**
A. Yes, a case manager is responsible for monitoring and documenting the quality, timeliness, and appropriateness of the care, services and products delivered to an individual.

INCIDENT REPORT RETENTION

- Q. How long do we keep incident reports?**
A. The DDRS Incident Management/Reporting Policy dated 3/1/2011 indicates that documentation related to an individual is to be maintained for at least seven (7) consecutive years.

DATA ANALYSIS

- Q. Do case managers need to maintain a process to analyze data on reportable incidents?**
A. Yes.

The analysis could include, but not be limited to: numbers and types of incidents, severity of injury, type of treatment, location, day/time of incident. What trends/patterns are identified through review of the data? What actions were taken?

- Q. Do providers need to maintain a process to analyze data on reportable incidents?**
A. Yes.

The analysis could include, but not be limited to: numbers and types of incidents, severity of injury, type of treatment, location, day/time of incident, location where incident occurred, staff involved. What trends/patterns are identified through review of the data? What actions were taken?

Please refer to IAC Title 460 Article 6 Regulation 6-10-10(b)(5).

CASELOADS

- Q. I have a new caseload. How can I get a list of open incident reports so I can submit follow up reports?**

- A. A report of all outstanding incident reports is generated on a weekly basis and forwarded to IPMG for waiver individuals. In addition, the residential provider receives a report that lists all of the outstanding incident reports for people supported by their agency on a monthly basis. Please ask your supervisor who receives this report within your agency. If you have a question about one or two individuals, you can contact one of the Incident Reviewers via telephone at (260) 482-3192 extension 130 or via e-mail at BDDSIincidentReports@fssa.in.gov and they will send you the requested information.

- Q. I am a case manager, and I received an e-mail requesting follow-up for an individual that is not on my caseload. Why did that happen?**

- A. When incident reports are submitted, the reporting person selects the name of the individual's case manager (if applicable) from a drop-down menu. When the incident report is processed, the system automatically generates an e-mail and addresses it based on the names selected by the reporting person. If you receive a notification in error and do not know who to forward it to, please notify the incident reviewer and they will attempt to find out who should have received the notification.

- Q. I am a service coordinator, and I received an e-mail regarding an individual that is not on my caseload. Why did that happen?**

- A. When incident reports are submitted, the reporting person selects the name of the individual's service coordinator from a drop-down menu. When the incident report is processed, the system automatically generates an e-mail and addresses it based on the names selected by the reporting person. If you receive a notification in error and do not know who to forward it to, please notify the incident reviewer and they will attempt to find out who should have received the notification.

ANTI-SCALD DEVICE

Q. When is an anti-scald device required?

A. An anti-scald device is required when an individual receiving services needs such protection or when one of his/her housemates requires an anti-scald device. The IST's decision must be documented and the need (or lack of need) for an anti-scald device must be included as a part of the individual's support plan.

For individuals on a waiver the cost of anti-scald devices can be covered by the waiver. If the provider owns the home, they are responsible for the cost of any modification. If the provider does not own the home, per BDDS Request for Approval to Authorize Services Policy, an anti-scald device is a covered item under Environmental Modifications. An RFA must be associated with a Cost Comparison Budget (CCB) in order to be approved.

State line funds are available to individuals receiving state line funded residential services and only as a last resort. Prior approval denial from Medicaid, as well as any other program, is required for state line funds to be considered.

For individuals with housemates, the cost should be divided among the individuals who require the protection of the anti-scald device. In cases where the protection is not needed by all housemates, only the individual/individuals that require it should have the cost included in their Cost Comparison Budget (CCB) or the State Line Item (SLI) Budget.

Even with anti-scald devices in place, malfunctions can occur. Providers and case managers should periodically review with staff preventive measures for assuring that a scalding does not occur, including regularly testing the water temperature and spot-checking the temperature before bathing, etc.

APS/CPS

Q. **Our company trains direct care staff to report alleged abuse, neglect, exploitation and mistreatment to their supervisor, the house manager or some other manager/administrator. Do direct care staff have to report directly to Adult Protective Services, Protection and Advocacy, etc. or can they still follow the company's directive and report to company staff only?**

A. There is no reference in IAC Title 460 Article 6 regulations in terms of the provider's internal process to report; however, all allegations of abuse, neglect, exploitation and deaths must be reported to APS/CPS.

Adult Protective Services State Hotline – 800-992-6978

Child Protective Services State Hotline – 800-800-5556

Q. **Can anyone submit a report to APS/CPS?**

A. Yes.

Q. Are there any other type of situations where APS/CPS needs to be notified of an incident?

A. If an individual is a victim of a crime, APS/CPS must be notified. In addition, if an individual is an alleged perpetrator against a child or another endangered adult/child, APS/CPS must be notified.

BASIC FIRST AID

Q. What is the definition of basic first aid?

A. Basic first aid is defined as assessments and interventions that can be performed with minimal or no medical equipment.

BEHAVIOR DISPLAYED WHICH IS INCLUDED IN A BEHAVIOR SUPPORT PLAN

Q. If an individual's BSP addresses a behavior and the individual displays that behavior, does an incident report need to be submitted?

A. An incident report needs to be submitted if the behavior meets the reportable incident criteria in some way (e.g., ER visit, elopement, significant injury, etc.).

Q. If someone said they thought about hurting themselves with an object they have access to, but self-injurious behavior (SIB) is in the behavior support plan (BSP), is it reportable?

A. An incident report needs to be submitted if the behavior meets the reportable incident criteria in some way (e.g., ER visit, elopement, significant injury, etc.).

Q. Do all incidents of self-injurious behavior need to be reported regardless of the type of injury?

A. An incident report needs to be submitted if the behavior meets the reportable incident criteria in some way (e.g., ER visit, elopement, significant injury, etc.).

Also see SIGNIFICANT INJURY *section*

CHOKING

Q. What information should be included in an incident report for a choking episode?

- A. Information should include, but is not limited to: Was the choking related to PICA, dining/eating problems, diagnosed swallowing difficulties? Is the individual edentulous? What item caused the individual to choke? What interventions were used to clear the airway? Does the individual have a history of choking? If so, when was the last choking episode? Is there a dining plan/modified diet? Was it being implemented at the time of the incident? Any adaptive equipment? Was it being used? What medical treatment was required? Does the individual have a diagnosis of dysphagia or GERD? Was the staff present at the time of the incident trained on the dining plan/modified diet? Are there increased staffing ratios during meals?

What is the team doing as an immediate safety measure to prevent another choking incident from occurring at the next meal, snack, medication pass?

A choking checklist which can be utilized as a proactive risk management and educational tool for teams in addition to addressing specific choking incidents is available at <http://www.in.gov/fssa/ddrs/2635.htm>.

Also see IS THIS A REPORTABLE INCIDENT? *section*

ACUTE MEDICAL CONDITION

Q. If an individual has an acute medical condition requiring emergency intervention, is this reportable?

- A. Yes, if the acute medical condition requires emergency intervention, it is reportable.

Emergency intervention is defined as the emergency room, hospitalization, EMT arrival, unplanned PCP visit.

An acute medical condition is defined as a person who is otherwise well and comes down with signs/symptoms within 7 days and requires emergency intervention. Examples include, but are not limited to: chest pains, difficulty breathing, nausea/vomiting/diarrhea, acute constipation, altered level of consciousness, severe toothache, displaced feeding tube, pain on voiding, fever, sudden acute pain.

Q. What other actions are required if an individual has an acute medical condition requiring emergency intervention?

- A. The IST members should ensure a risk plan(s) is developed/revised as appropriate, staff are trained on the plan(s), the plan is implemented as written, outcomes are monitored, and actions taken as needed to ensure health and welfare.

The goal is to have a reduction in the need for emergency intervention in the future.

Please refer to the DDRS Individual Risk Management Policy located at http://www.in.gov/fssa/files/Risk_Management.pdf.

CHRONIC MEDICAL CONDITION

Q. If an individual has a chronic medical condition requiring emergency intervention, is this reportable?

A. Yes.

A chronic medical condition is a long term illness which requires long term treatment. Examples include, but are not limited to: diabetes with loss of consciousness, congestive heart failure with gasping, kidney disease, dementia, cancer, thyroid disease, osteoporosis, hypertension.

Emergency intervention is defined as the emergency room, hospitalization, EMT arrival, unplanned PCP visit.

Q. What other actions are required if an individual has a chronic medical condition requiring emergency intervention?

A. The IST members should ensure supports are in place to support the individual. These actions would include risk plan(s) development/revision as appropriate, care plan(s) development/revision, staff training relative to the plan(s), implementation of the plan(s) as written, monitoring the outcomes and taking actions as needed to ensure health and welfare.

Please refer to the DDRS Individual Risk Management Policy located at http://www.in.gov/fssa/files/Risk_Management.pdf.

Q. How long will a provider/case manager be required to follow up on a chronic condition?

A. Each incident is unique; however, if the follow-up report contains information relative to the supports that were put in place to support the individual (e.g., risk plan(s), staff training relative to the plan(s), and the system to monitor the outcomes and take action as needed to ensure health and welfare), the incident can, in most cases, be closed. Be sure to include information relative to what changes were made based on the emergency intervention.

CONSUMER TO CONSUMER AGGRESSION

Q. Is consumer to consumer aggression reportable?

A. Consumer to consumer aggression is reportable when the aggression results in significant injury by one individual receiving services to another individual receiving services.

Best practice would be for the provider's required quality assurance system for monitoring incident reports to include a component to document, analyze, and address consumer to consumer aggression.

Q. The new Incident Reporting and Management policy relative to consumer to consumer aggression does not correspond with what we have been told related to people residing in group homes (ICF). Which guidelines should we follow for group home consumers starting March 1, 2011?

A. This policy applies to all individuals receiving supports/services through BDDS regardless of the funding source.

The overriding guideline in the DDRS Incident Reporting and Management policy is: Incidents to be reported to BQIS include any event or occurrence characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to an individual including, but not limited to...

Phrases to keep in mind – *resulting in or having the potential to result in* and *including, but not limited to*.

Consumer to consumer aggression regardless of whether or not there is an injury could still fall under the overriding guideline.

Q. Please provide further clarification regarding consumer-to-consumer aggression with definition of significant injury. Provide examples.

A. Some examples of significant injuries **include, but are not limited to:** fracture, burn, bruise/contusion larger than three inches in any direction or pattern of bruises regardless of size, a laceration requiring more than basic first aid, any injury requiring more than basic first aid, or a puncture wound penetrating the skin including human bites.

Q. If a consumer is in a behavior and hits another consumer because he/she is in the pathway, not because he/she is the target, is this reportable?

Q. There are times when a slap occurs with no injury, is this reportable?

A. The overriding guideline in the DDRS Incident Reporting and Management policy is: Incidents to be reported to BQIS include any event or occurrence characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to an individual including, but not limited to...

Phrases to keep in mind – *resulting in or having the potential to result in* and *including, but not limited to*.

Consumer to consumer aggression regardless of whether or not there is an injury could still fall under the overriding guideline.

CONSUMER TO STAFF AGGRESSION

Q. Is consumer to staff aggression reportable?

A. There is some discretion in reporting consumer to staff aggression, but a report must be filed in instances of staff injury when there is potential legal or employment consequences for the consumer or when there was apparent pre-meditation or use of a weapon.

Best practice would be for the provider's required quality assurance system for monitoring incident reports to include a component to document, analyze, and address consumer to staff aggression.

CRIMINAL ACTIVITY (alleged or actual)/CRIMINAL HISTORY CHECKS

Also see IS THIS A REPORTABLE INCIDENT? *section*

Q. How does a provider address the situation of suspicion or actual involvement of staff in criminal activity?

A. The provider may find it beneficial to have an internal policy to address this situation.

The provider should submit an incident report upon allegation, suspicion and/or actual involvement in criminal activity

If a staff member is convicted of certain crimes, their employment would be in violation of IAC Title 460 Article 6 Regulations.

Q. What if staff allegedly commit a criminal activity when not on duty? Is this a reportable incident?

A. If the staff person was on duty, the activity occurred at a service site or during service activities, or the individual was present at the time of the activity regardless of location, it would be reportable. If the activity occurred away from a service site, no individual was present at the time, the staff was not on duty, and the activity did not affect or potentially affect an individual's health and welfare it is probably not reportable. The provider may find it beneficial to have an internal policy that addresses this issue.

Q. How frequently does an employee's criminal history need to be checked?

A. The provider should have an internal policy that requires staff to self-report any arrests and/or convictions to the provider within a specified amount of time of the arrest/conviction. If staff do not self-report this information, appropriate action (up to and including termination) would be taken.

DEATH

Q. If a person dies in a hospital and an initial incident report was already submitted for the hospitalization, do I have to submit another incident report for the death or can I just include this information in a follow-up report?

A. A separate initial incident report must be submitted to report the person's death. There are additional questions to be answered when a person dies. The additional questions can be found at the bottom of the incident report form:

<https://myshare.in.gov/FSSA/ddrs/IFUR%20Tool%20Resources/BDDS%20Incident%20Initial%20blank%20form.pdf>.

Q. Who do I need to notify of a death?

A. Your local BDDS office must be notified of the death along with APS/CPS. An initial incident report must be submitted.

EMOTIONAL/VERBAL ABUSE

Q. How would communicating with words or actions directed to or made about an individual in that person's presence cause injury to a person or damage to their property?

A. An example of this could be if a person becomes upset and inflicts harm to him/herself because of the perpetrator's comments. Another example would be if the perpetrator's comments caused the person to damage their property because they were upset.

Q. Is peer to peer verbal abuse (calling someone a name) reportable?

A. Emotional/verbal abuse includes communicating with words or actions in the person's presence with intent to:

- Cause fear of retaliation;
- Cause fear of confinement or restraint;
- Cause emotional distress or humiliation;
- Cause others to look at them with contempt, hate or ridicule; or
- Cause the person to react in a negative manner

is reportable.

Perpetrators of emotional/verbal abuse are not limited to staff members.

ELOPEMENT

Q. What is the definition of elopement?

A. Elopement results in the evasion of required supervision as described in the individual's plan as necessary for the individual's health and welfare.

Best practice would be for the provider's required quality assurance system for monitoring incident reports to include a component to document, analyze and address incidents of this type.

An incident report must be submitted if someone elopes.

Q. If a consumer is under parent care and elopes, is it reportable?

A. Yes.

Also see MISSING PERSON *section*

EMERGENCY ROOM VISITS

Q. Are all emergency room visits reportable?

A. Yes.

Q. So an individual goes to the ER and is diagnosed with a cold, gas or a migraine, this is still reportable?

A. Yes. Any physical symptom, medical or psychiatric condition or event requiring emergency intervention is reportable.

The overriding guideline is "Reportable incidents are any event or occurrence characterized by risk or uncertainty, resulting in or having the potential to result in significant harm or injury to an individual."

If in doubt on whether to report an incident, err on the side of the individual and report it.

Q. Occasionally a person might visit the emergency room because his/her doctor can't see them. They need relief, but do not need emergency care. Is this still reportable?

A. If a person goes to the emergency room it is reportable. Other options for someone who does not need emergency care could include being seen at an Urgent Care Center or being seen by another doctor in his/her doctor's medical group.

EPI-PEN USE

Also see IS THIS A REPORTABLE INCIDENT? *section*

Q. Is an epi-pen considered an emergency intervention?

A. Yes.

FALL WITH INJURY

- Q. What kind of information should be included in an incident report regarding a fall with injury?**
- A. The incident report should include, but not be limited to: what caused the individual to fall? What type of injury occurred? What body part was affected? What treatment was required? Does the individual have a history of falls (with and without injury)? Has a fall assessment been completed? Is there a fall prevention plan in place? If so, was it being followed? What additional safety measures have been implemented?
- Q. If an individual has a pattern of falls without injury, should an incident report be submitted?**
- A. Any fall resulting in an injury regardless of the severity of the injury should be reported. However, a pattern of falls without injury does not necessarily need to be reported. Here again, use the overriding guideline. Best practice would be for the provider's quality assurance system for monitoring incident reports to include a component to document, analyze and address falls with and without injury.
- Q. There are times when bruising/injury shows up several hours later (possibly up to 24 hours later) after a fall. As a result, it might seem like the provider is submitting a late report.**
- A. If a bruise/injury first appears several hours after a documented fall, submit the incident report at that time. Include a brief statement in the narrative regarding the fall, the assessment completed (no apparent injury at the time of the fall), and the subsequent appearance of bruising/injury.

FIRE

See IS THIS A REPORTABLE INCIDENT? *section*

HABITABLE/UNINHABITABLE RESIDENCE

- Q. When do I need to submit an incident report regarding residential issues?**
- A. An incident report should be submitted whenever the circumstances result in an individual being relocated.

In addition, if there are environmental/structural problems or significant interruptions of a major utility that compromise an individual's health and welfare, an incident report should be submitted.

The local BDDS office must be notified if an individual is relocated for any reason.

HIPAA

See MULTIPLE CONSUMERS AFFECTED *section*

HUMAN RIGHTS COMMITTEE (HRC)

Q. Whose HRC would review restrictions if a consumer does not have a Behavior Support Plan in place?

A. Restrictions would be conducted as an emergency if not part of a BSP (team but not HRC would review). Planned use of restrictions would need to be part of a BSP with informed consent, HRC review and approval.

Please refer to the DDRS Policies regarding Behavioral Support Plans and Human Rights Committee located at <http://www.in.gov/fssa/ddrs/3340.htm>.

ICF/DD

Q. What is ICF-DD?

A. ICF-DD is the acronym for Intermediate Care Facility-Developmental Disability - the updated terminology for ICF/MR. ISDH is converting terminology in accordance with a change in Indiana Code.

INDIANA STATE DEPARTMENT OF HEALTH (ISDH)

Q. Is the Indiana State Department of Health going to be adopting these same policies?

A. The DDRS Incident Reporting and Management policy effective March 1, 2011 applies to all individuals receiving supports/services through BDDS regardless of the funding source.

ISDH has reviewed and provided feedback on this policy.

The ISDH policy remains in effect.

IN-PATIENT HOSPITALIZATIONS

Q. Are all in-patient hospitalizations reportable?

A. Yes, both medical and psychiatric admissions are reportable.

INVESTIGATION OF ALLEGATION OF ABUSE, NEGLECT OR EXPLOITATION OR VIOLATION OF INDIVIDUAL'S RIGHTS

Q. What is considered “best practice” when looking at the components of an investigation?

- A. The investigation into an alleged violation of an individual's rights, or an allegation of Abuse, Neglect, or Exploitation shall include at minimum the following components:
- the name of the individual involved, the date and time of the allegation or incident;
 - a statement of the allegation or incident;
 - identification of all involved parties including all actual and any potential witnesses to the alleged event or incident;
 - signed and dated statements from all involved parties, including all actual and potential witnesses to the alleged event or incident;
 - a statement describing all record and other document review associated with the alleged event or incident;
 - copies of all records and other documents pertinent to the investigation;
 - a narrative description of the full investigative process undertaken;
 - a clear statement of findings from the investigation that includes a description of the evidence that resulted in substantiation or non-substantiation of any allegation;
 - the signature, name and title of the person completing the investigation;
 - the date the investigation was completed;
 - a clear description of all correct actions developed and implemented as a result of the investigation into an alleged violation of an individual's rights, or allegation of Abuse, Neglect, or Exploitation.

INVESTIGATIONS CONDUCTED AT ICF-DD CERTIFIED FACILITY (GROUP HOMES (SGL) AND LARGE PRIVATE ICF-DD FACILITIES)

Q. What are the requirements for completing investigations and notifying the administrator of the results of the investigation?

- A. W156 requires that the administrator be notified of the conclusions of investigations within 5 business days (or 7 calendar days, whichever comes first). For incidents that occur on a Sunday, ISDH would expect the investigation to be concluded and the administrator, as well as other officials in accordance with State Law be notified by Friday (assuming no holidays).

IS THIS A REPORTABLE INCIDENT?

The overriding guideline is “Reportable incidents are any event or occurrence characterized by risk or uncertainty, resulting in or having the potential to result in significant harm or injury to an individual.” If in doubt on whether to report an incident, err on the side of the individual and report it.

Q. What type of fires are reportable?

- A. Fires in a residence or service delivery site (including day service) are reportable. Burned popcorn in the microwave is not reportable unless it posed a safety threat. Stove fires are reportable.

Report any accidental or intentionally set fire.

The overriding guideline is “Reportable incidents are any event or occurrence characterized by risk or uncertainty, resulting in or having the potential to result in significant harm or injury to an individual.” If in doubt on whether to report an incident, err on the side of the individual and report it.

Q. Are unknown injuries reportable incidents?

- A. Unknown injuries should be reported when the cause of the injury is unknown and the injury could be indicative of abuse, neglect or exploitation OR the cause of the injury is unknown and the injury requires medical evaluation or treatment. Please include a probable cause if there is one, in the initial report. The results of the investigation of the injury of unknown origin can be submitted with the follow up report.

Q. What kind of information should be included in an incident report regarding an injury of unknown origin?

- A. Include information such as: who found the injury, the type and extent of the injury, the body part(s) involved, the treatment given, were any probable causes identified, what steps are being taken to determine the cause of injury.

Q. If someone goes to an Urgent Care Center, is this a reportable incident?

- A. If the urgent care center is used in place of a visit to the Primary Care Physician (PCP) because an appointment with the PCP was not available soon enough, the incident may not be reportable. However, if the reason for the visit falls into any other category of reportable incidents or is “characterized by risk or uncertainty, resulting in or having the potential to result in significant harm or injury to an individual,” then the Urgent Care Center visit is reportable.

Q. If an individual chokes, but clears his/her own airway without assistance, is this a reportable incident?

- A. Not necessarily. The incident should be documented in the individual’s record and the IST members need to assess and discuss a plan to prevent further choking incidents.

The overriding guideline is “Reportable incidents are any event or occurrence characterized by risk or uncertainty, resulting in or having the potential to result in

significant harm or injury to an individual.” If in doubt on whether to report an incident, err on the side of the individual and report it.

Q. If medications are missing, is this a reportable incident?

A. Missing medications would be reportable if the individual missed a dose as a result or there is alleged/actual criminal activity.

Q. What if a person refuses to take their medication? Is this a Reportable Incident?

A. Refusal to take medications does not constitute an error. Medication refusals should be documented in the individual’s record. Medication refusals should be followed up by medical personnel and the IST members to ensure that the health and welfare of the individual is safeguarded. If medical personnel indicate there is a problem with the individual’s health and welfare due to the medication refusal, it is reportable.

If the medication refusal resulted in an ER visit or an in-patient admission, the ER visit/in-patient admission would be reportable.

Q. Is seizure activity a reportable incident?

A. The occurrence of a seizure is not a reportable incident unless it meets the incident reporting requirements in some other way (e.g., emergency room visit, in-patient admission, resulted in significant injury, etc.).

Providers should have internal processes in place for direct support staff to follow when seizures occur, including requiring clear documentation of the events that occurred before, during and after the seizure.

Q. Is sunburn a reportable incident?

A. Sunburn that requires more than first aid is a reportable incident.

Q. Is the use of an epi-pen reportable?

A. An epi-pen is considered an emergency intervention and is therefore reportable.

Q. Is the use of Diastat for seizures reportable?

A. Diastat is considered an emergency intervention and is therefore reportable.

Q. Regardless of how many support hours a person gets (e.g., less than 10 hours per week, weekly, are all incidents that occur when person isn't receiving support still reportable?

A. Yes.

LATE SUBMISSION/LACK OF SUBMISSION OF INCIDENT REPORTS

Q. Are there any consequences for late submissions or lack of submission of incident reports?

A. Providers who do not follow the regulations may be referred to the appropriate state entity.

Q. What is the difference between the date of incident and the date of knowledge?

A. The 'date of incident' is the date the incident occurred. The 'date of knowledge' is when the reporter became aware of the incident.

Q. Is a report considered late more than 24 hours after the incident or more than 24 hours after the time of knowledge?

A. An incident report submitted more than 24 hours after the date/time of knowledge is considered a late report. If there is a significant gap between the date of knowledge and the date of submission, please include what action(s) the agency is taking to ensure timely reporting.

As part of its required quality assurance system for monitoring incident reports providers may want to include a component to identify and address issues that resulted in a time lapse between the date of knowledge and the date of submission.

MEDICATION ERRORS

Q. What types of medication errors/medical treatment errors are reportable?

A. Per the DDRS Incident Reporting and Management Policy effective 3/1/2011, there are several types of medication errors/medical treatment errors that are reportable.

- Wrong medication given; OR
- Wrong medication dosage given; OR
- Missed medication – not given; OR
- Medication given wrong route; OR
- Medication error that jeopardizes an individual's health and welfare and requires medical attention.

Q. If the personal physician determines the medication error does not jeopardize an individual's health and safety, is it still a reportable medication error?

A. Per the DDRS Incident Reporting and Management Policy effective 3/1/2011, there are several types of medication errors/medical treatment errors that are reportable.

- Wrong medication given; OR
- Wrong medication dosage given; OR
- Missed medication – not given; OR
- Medication given wrong route; OR

- Medication error that jeopardizes an individual's health and welfare and requires medical attention.

These five criteria are not in combination with each other, but are reportable in and of themselves.

Q. Is a medication that is given late a reportable medication error?

A. While this particular error is not a specifically listed criteria in the DDRS Incident Reporting and Management policy effective March 1, 2011, it is possible that this situation would be reportable under the overriding guideline – reportable incidents are any event or occurrence characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to an individual.

Q. Just for clarity, will "medications" be defined as anything prescribed by the doctor?

A. Yes.

Q. Is a missed acne cream or prescribed shampoo a medication error?

A. Yes.

MEDICATION REFUSALS

Q. What if a person refuses to take their medication? Is this a Reportable Incident?

A. Refusal to take medications does not constitute an error. Medication refusals should be documented in the individual's record. Medication refusals should be followed up by medical personnel and the IST members to ensure that the health and welfare of the individual is safeguarded. If medical personnel indicate there is a problem with the individual's health and welfare due to the medication refusal, it is reportable.

If the medication refusal resulted in an ER visit or an in-patient admission, the ER visit/in-patient admission would be reportable.

MISSING PERSON

Q. What is the definition of a missing person?

A. A person who is not receiving any type of special supervision (1:1) wanders away and whereabouts are unknown.

Best practice would be for the provider's quality assurance system for monitoring incident reports to include a component to document, analyze and address incidents of this type.

Q. When does an incident report need to be submitted for a missing person?

- A. The overriding guideline is “Reportable incidents are any event or occurrence characterized by risk or uncertainty, resulting in or having the potential to result in significant harm or injury to an individual.” If in doubt on whether to report an incident, err on the side of the individual and report it.

If an individual who is supposed to receive 24/7 supervision is missing, an incident report must be submitted.

If an individual who is supposed to be receiving staff supervision leaves home without staff knowledge, an incident report must be submitted.

If an individual’s whereabouts are unknown and, based on the individual’s history, the individual is potentially in danger, an incident report must be submitted.

If an individual receives less than 24/7 supervision, staff have made every effort to locate the individual without success, and the individual is still missing after 2 hours, an incident report must be submitted.

In addition to submitting an incident report, the appropriate law enforcement authorities should be notified.

Q. What kind of information needs to be provided in an incident report regarding a missing person?

- A. To the best of your knowledge, include the following information: What is being done to locate the person? How long has the person been missing? What time was the person identified as missing? Has the person been found? Who found the person? Where were they found? Does the person have a history of this behavior? What is the person’s level of staffing (24/7, 2 hours per day)? Is the person at risk being unsupervised? Is the person emancipated or do they have a guardian? What were the circumstances at the time the person left without staff knowing they left? Is there a risk plan to address this? What safety measures have been put in place (either short or long term)?

Also see ELOPEMENT *section*

MULTIPLE CONSUMERS AFFECTED

Q. How do I report without violating HIPAA regulations when the incident involves two or more consumers?

- A. There are a couple of options. You can select the “Add additional consumer” tab when submitting the report. However, as of 3/1/2011, if you save this document, it will contain the information for all individuals involved. You will need to fax just the appropriate pages (or scan just the appropriate pages and e-mail) to parties that should only receive

one individual's information. The other option is to submit separate incident reports for each individual involved. This can be a little easier if you first type the narrative in a word document and paste it into the electronic incident report. Please remember to use only first name and last initial (e.g., John J.) in the narrative for individuals other than the individual whose name is at the top of the report.

Q. When two individuals involved in an incident have different case managers, the case management agency expects two separate incident reports. Shouldn't one reportable with two consumers be acceptable under HIPAA?

A. Incident reports are linked to specific people. When submitting the initial incident report, using the option of "Add Additional Consumer" allows the same narrative to be submitted for multiple people. As the incident report is processed, it will be linked to the appropriate people.

Q. The new way of reporting will include everyone's first names and last initial. In the event of a peer-to-peer or consumer-to-staff incident, do two reports still need to be submitted?

A. Incident reports are linked to specific people. When submitting the initial incident report, using the option of "Add Additional Consumer" allows the same narrative to be submitted for multiple people. As the incident report is processed, it will be linked to the appropriate people.

NEGLECT

Q. If a family member isn't following physicians' orders (e.g., using adaptive equipment, following dining plan, etc.), is this reportable?

A. Yes. In addition to reporting the incident, the team will want to continue to work with the family member regarding the importance of following physicians' orders and the potential risks associated with not following the physicians' orders.

For example, there is a physician's order for the use of a C-PAP machine. Because the individual resists using it, the family member has said not to send it home for overnight visits. The IST members (including the family member and individual) would discuss this decision, spell out the potential risks if the machine is not used, and document the decision the family member/ individual made regarding not sending the machine home. Documenting the discussion with the family member and developing a negotiated risk agreement are discussed in the DDRS Draft Risk Management Policy

Q. For waiver people, if adaptive equipment is prescribed and Medicaid won't pay for it, is that reportable?

A. Yes. If a physician has ordered adaptive equipment, there is an identified need. Failure to provide medical supplies/safety equipment as needed as indicated in the ISP is reportable.

NURSING HOME ADMISSION

Q. Does an incident report need to be filed if a person is admitted to a nursing home? Would this fall under an emergency intervention?

A. An incident report should be submitted if a person was admitted to a nursing home.

Q. Do you need to report nursing home stays for the purpose for respite?

A. Yes.

Q. After a person is placed in a nursing facility who is responsible for submitting the follow up report?

A. The service coordinator would be responsible for any additional follow-up report(s).

PHYSICAL ABUSE

Q. What is meant by touching someone in an insolent manner?

A. The definition of insolent is disrespectful, insulting, or offensive.

PLAN TO RESOLVE TIMEFRAMES

Q. There may be times when a plan to resolve isn't fully implemented within 2 days. For example, a doctor may not be able to see a person within that time frame. Is it sufficient for the plan to be developed within 2 days with full implementation sometimes occurring outside of that time frame?

A. Yes.

POLICE INTERVENTION

Q. If there is some type of police intervention with an individual, is this a reportable incident?

A. The overriding guideline is "Reportable incidents are any event or occurrence characterized by risk or uncertainty, resulting in or having the potential to result in significant harm or injury to an individual." If in doubt on whether to report an incident, err on the side of the individual and report it.

In most cases, if there is police intervention, the situation had resulted in or had the potential to result in significant harm or injury.

- Q. If the consumer reports a police incident, the police will not readily give out information about the incident. How do we find out that information?**
- A. Suggestion is to develop a cooperative, working relationship with law enforcement to ensure health and welfare.

PRIVATE PAY

- Q. Who does follow up reports for people receiving services through private pay?**
- A. The DDRS Incident Reporting and Management policy effective March 1, 2011 applies to all individuals receiving supports/services through BDDS. If an individual does not receive supports/services through BDDS an incident report is not required.
- Q. What drop down box should be used for people receiving services through private pay if there is not a residential provider?**
- A. The DDRS Incident Reporting and Management policy effective March 1, 2011 applies to all individuals receiving supports/services through BDDS. If an individual does not receive supports/services through BDDS an incident report is not required.

PRN MEDICATION

- Q. What is a PRN medication?**
- A. Prescribed medication taken as needed.
- Q. Are PRN medications prescribed and used to treat medical conditions such as insomnia, seizure or pain reportable?**
- A. No.
- Q. PRN medications used for anxiety symptoms related to anxiety attacks (not associated with medical/dental appointments) are given as needed – is this reportable?**
- A. Yes.
- Q. What is a simple way of stating whether or not the use of a PRN medication is reportable?**
- A. If the PRN medication is given because of a medical/dental appointment, it is not reportable.

If the PRN medication is given for behavior (not related to a medical/dental appointment), it is reportable.

Q. If a custodial parent/guardian gives a PRN medication for behavioral reasons, is it a reportable incident? If yes, how is it monitored?

A. If a custodial parent/guardian administers a PRN medication for behavioral reasons and you are aware of it, the incident is reportable. The incident is to be reported within 24 hours of becoming aware of the incident.

Q. What about PRN meds for dental/medical procedures?

A. The use of PRN meds for dental/medical procedures do not need to be reported, but should be clearly documented in the case file, including what other less restrictive steps have been taken to help address the individual's reaction to these visits.

Best practice would be for the provider's quality assurance system for monitoring incident reports to include a component to document, analyze and address the use of PRN meds for dental/medical procedures including what other less restrictive steps have been taken to help address the individual's reaction to these visits.

Q. How should the physician write an order for a medication to relieve anxiety prior to medical/dental appointments?

A. The prescription should be written specific to that appointment.

Q. Does an incident report need to be submitted if the individual is administered medication by the doctor or medical facility at the time of treatment?

A. No.

Q. PRN meds for behavioral purposes. What do I need to know to submit a report?

A. Restraints, including chemical restraints involving PRN medications, must only be used after appropriate safeguards and guidelines have been established and implemented, including clear guidelines addressing who can authorize a PRN medication and clear guidelines on how PRN use should be tracked. PRN medication for behaviors should not be used as a substitute for less restrictive techniques. The use of any PRN for behaviors should be reviewed by the Individualized Support Team and be determined as the least restrictive procedure. The use of any PRN for behaviors should be reviewed by the Human Rights Committee. Multiple occurrences of any PRN for behaviors can be an indicator of over reliance on PRNs in place of other, less restrictive techniques and should be reviewed and approved by the Human Rights Committee and the Individualized Support Team.

For incident reporting:

- There must be evidence in the report that there is a Behavior Support Plan in effect and implemented prior to use of any PRN medication for behaviors. The Behavior

Support Plan must also identify when it is appropriate for the use of PRN medications and who is authorized to approve usage of PRNs.

- The report should identify what alternative strategies have been considered and attempted.
- The report should identify any pattern of PRN use for behaviors and the considerations being made by the Individualized Support Team and the Human Rights Committee.
- The report should identify mechanisms in place to reduce or eliminate the need for the PRN.

RELOCATION

Q. Are all moves reportable even though BDDS is actively involved in the transition meetings?

A. Relocations are reportable if the relocation is the result of a structural or environmental problem that jeopardizes or compromises health and welfare at a service delivery site.

Q. If a person relocates from the west side of town to the east side of town is that reportable?

A. Relocations are reportable if the relocation is the result of a structural or environmental problem that jeopardizes or compromises health and welfare at a service delivery site.

Q. If a person chooses to change the apartment complex he/she lives in, is that reportable?

A. Relocations are reportable if the relocation is the result of a structural or environmental problem that jeopardizes or compromises health and welfare at a service delivery site.

Q. If the power goes out, is this reportable?

A. Relocations are reportable if the relocation is the result of a structural or environmental problem that jeopardizes or compromises health and welfare at a service delivery site.

Q. If 140 people in a day services program are relocated (e.g., heat is out, etc.), is an incident report required for each affected consumer?

A. Relocations are reportable if the relocation is the result of a structural or environmental problem that jeopardizes or compromises health and welfare at a service delivery site.

REPORTING AND INVESTIGATING ALLEGATIONS

Q. Can I just wait to report an allegation of abuse, neglect, or exploitation until after the investigation is completed?

A. Per DDRS Incident Reporting and Management Policy, an incident report must be submitted within 24 hours of the occurrence of the incident or the reporter becoming aware of or receiving information about the incident.

PROVIDER INTERNAL INCIDENT REPORTS

Q. Do we have to provide the actual internal incident report or can we just provide a summary if they are requested?

A. Upon request, the internal incident report shall be made available to the case manager (if applicable) or any representative of DDRS, Indiana State Department of Health (ISDH), or the Office of Medicaid Policy and Planning (OMPP).

RESPONSIBLE SUPERVISORY PROVIDER (BDDS)

Q. Who is considered to be the Responsible Supervisory Provider if an incident occurs during non-service hours?

A. If a reportable incident occurs during non-service hours, the primary provider should be listed when submitting the incident report. A statement can be included in the narrative description of the incident clarifying the incident occurred during non-service hours.

Q. Who is the person supervising at the time of the event if no services were provided at the time of incident and the individual lives at home?

A. If a reportable incident occurs during non-service hours, the primary provider should be listed when submitting the incident report. A statement can be included in the narrative description of the incident clarifying the incident occurred during non-service hours.

RESTRAINT/RESTRICTIVE TECHNIQUE

Q. Is the use of a restraint a reportable incident?

A. The use of any restraint related to an individual's behavior is reportable.

The incident report should also include information regarding any injury that might have occurred while the individual was restrained.

As part of the provider's required quality assurance system for monitoring incident reports the provider may want to include a component to document, analyze and address the use of any type of restraint.

Q. What is a “prone” restraint?

A. A prone restraint is the restriction of movement (either physical or mechanical) of an individual in a facedown position.

Q. Does the policy include a specific definition of restraint for training purposes? Is an escort considered a restraint? Is there a specific length of time that movement is restricted that defines a restraint?

A. Please refer to the DDRS Use of Restrictive Interventions/Restraint Policy located at <http://www.in.gov/fssa/ddrs/3340.htm>.

Q. Are mechanical restraints that are used daily such as a helmet, a gait belt, a chair seatbelt, etc. reportable?

A. The use of any restraint related to an individual’s behavior is reportable. Please refer to the DDRS on Use of Restrictive Interventions/Restraint Policy located at <http://www.in.gov/fssa/ddrs/3340.htm>.

Q. When restraining an individual with Autism who uses restraint for sensory and it is done face up does this need to be reported?

A. The use of restraints would not be considered reportable when used with individuals with autism for sensory purposes. The expectation is that these individuals would have use of sensory restraints in a behavior support plan approved by a Human Rights Committee.

Q. Is an incident report required for each "time out" even if approved in the behavior support plan (BSP)?

A. The use of any restraint/restrictive technique related to an individual’s behavior is reportable. Please refer to the DDRS on Use of Restrictive Interventions/Restraint Policy located at <http://www.in.gov/fssa/ddrs/3340.htm>.

Q. Is it reportable if a person is trying to hurt him/herself, a staff member or another consumer and a staff member uses a *You’re Safe, I’m Safe* technique to prevent this?

A. The use of any restraint related to an individual’s behavior is reportable. Please refer to the DDRS Use of Restrictive Interventions/Restraint Policy located at <http://www.in.gov/fssa/ddrs/3340.htm>.

RISK PLANS

Q. Does there need to be a risk plan for every diagnosis?

- A. Risk plans are written for Direct Support Professional staff and can be thought of as quick action care plans that provide an integrated, interdisciplinary approach to keeping people as safe and healthy as possible. The purpose of a risk plan is to give a set of clear, concise directions that guide the direct care staff in recognizing and acting on important health care/behavior risks. A Risk Plan will spell out the problems the person is at risk for, and what to do if any of the problems develop. Please refer to the DDRS Individual Risk Management Policy located at http://www.in.gov/fssa/files/Risk_Management.pdf

SEIZURE ACTIVITY

See IS THIS A REPORTABLE INCIDENT? *section*

SENTINEL EVENT

Q. What is a sentinel event?

- A. A sentinel event includes any allegation of abuse, neglect or exploitation, any fracture, any choking event requiring intervention, and any use of a prone restraint. Incidents may also be considered sentinel events if a hospitalization occurred and was potentially preventable (e.g., a significant injury from a fall when there was a history of falls). A sentinel event includes incidents when a consumer's immediate health and safety should be verified by the case manager or service coordinator.

SERVICE DELIVERY SITE

Q. What is a service delivery site?

- A. A service delivery site is any site where services are delivered. Examples include, but are not limited to residence, day program, school, therapy setting, or job site in the community.

Q. Are incidents that occur in schools (or any other service delivery site) that meet the reportable incident criteria in the DDRS Incident Reporting and Management policy effective March 1, 2011 reportable?

- A. Yes.

SEXUAL ABUSE

Q. If a person reports sexual abuse that occurred 12 years prior and the accused perpetrator is still local, is this a reportable incident even with the time lapse?

- A. Yes, any allegation of abuse, neglect or exploitation is a reportable incident.

SIGNIFICANT INJURY

Q. What is the definition of a significant injury?

- A. A significant injury includes but is not limited to:
- a) Fracture;
 - b) Burn (including sunburn) greater than first degree;
 - c) Choking that requires intervention (including but not limited to Heimlich maneuver, finger sweep, back blows);
 - d) Bruise/Contusion larger than three inches in any direction or a pattern of bruises/contusions regardless of size;
 - e) Lacerations which require more than basic first aid;
 - f) Any occurrence of skin breakdown related to a decubitus ulcer, regardless of severity;
 - g) Any injury that occurs while an individual is restrained;
 - h) Any injury requiring more than basic first aid;
 - i) Any puncture wound penetrating the skin including human or animal bites;
 - j) Any pica ingestion (any item observed/documented) requiring more than basic first aid;
 - k) Any scalding.

SLEEP STAFF

Q. Can a house have “sleep staff?”

- A. In a waiver setting, sleep staff are not a waiver reimbursable expense but based on the team’s decision staff can be permitted to sleep. Waiver providers will not be reimbursed for this time.

Q. Can waiver staff sleep on duty?

- A. Yes, when the team determines that this is necessary to assure the individual’s welfare. However sleep staff are not a waiver reimbursable expense.

STAFF SUSPENSION

Q. If staff are suspended because of an allegation of abuse, neglect or exploitation, are they suspended from that funding source? For instance, if the alleged victim is funded under a waiver, can the staff be relocated to a different funding source (SGL, respite, etc.?)

- A. The requirement is that the staff member(s) would be suspended from any work associated with that provider including all funding sources and/or locations pending the outcome of the investigation.

- Q. Do staff need to be suspended due to an allegation of abuse, neglect or exploitation?**
A. Yes. Staff must be suspended from any type of work associated with the provider pending the outcome of the investigation.

The Incident Report should include information regarding the staff suspension.

- Q. What are the ramifications for a provider who does not suspend staff pending the outcome of an investigation of an allegation of abuse, neglect, mistreatment or exploitation?**
A. Providers who do not follow the regulations may be referred to the appropriate state entities.

- Q. If a family member is a paid staff and they are involved in an allegation of abuse, neglect or exploitation, do they need to be suspended?**
A. The family member should be suspended pending the outcome of the investigation. APS/CPS should be involved if there is alleged criminal activity and would be involved in determining if the individual is safe in the home.

- Q. If an individual has a history of making multiple false reports of staff abuse etc., can this be addressed in the Individualized Support Plan (ISP) that in certain situations staff would not be suspended?**
A. IAC Title 460 Article 6 Regulations state that any alleged, suspected, or actual abuse, neglect, or exploitation of an individual is a reportable incident. The provider is also to suspend staff involved in an incident from duty pending investigation. There is no allowance in IAC Title 460 Article 6 Regulations for any exceptions.

- Q. What effect does suspension have on Department of Labor (DOL) regulations? Unemployment, etc?**
A. You would need to consult with your personnel resources or legal resources.

- Q. How long must staff be suspended if allegations are found to be untrue once investigated?**
A. Staff must be suspended from duty pending the outcome of the investigation. It is at the provider's discretion when staff should return to work following an investigation. The provider will want to make these decisions consistently so may benefit from having an internal policy to address this.

- Q. If an allegation is investigated and determined to be a false allegation on the same day of the report, how long must staff be suspended?**
- A. Staff must be suspended from duty pending the outcome of the investigation. It is at the provider's discretion when staff should return to work following an investigation. The provider will want to make these decisions consistently so may benefit from having an internal policy to address this.
- Q. At the conclusion of an investigation and the allegations are found to be untrue/unsubstantiated, should staff be reinstated with pay?**
- A. The Provider should have an internal policy to address this.
- Q. If the investigation has been completed and the staff has been suspended and/or terminated, is there a penalty for reporting at the conclusion of the investigation?**
- A. The immediate safety measures (e.g., staff suspension, etc.) that were taken should be included in the initial incident report. Depending on the timing of the completion of the investigation, the outcome of the investigation could be included in either the initial incident report or a follow-up report.
- Q. If an investigation has been turned over to authorities/police, should the staff remain on suspension until the police conclude their investigation? Or are staff reinstated once the internal investigation has been completed and the allegations have been found to be untrue/unsubstantiated?**
- A. It is at the provider's discretion when staff should return to work following an investigation. The provider will want to make these decisions consistently so may benefit from having an internal policy to address this.
- Q. When an incident is reported to police, is the investigation complete when authorities conclude their investigation or when the provider concludes their internal investigation?**
- A. It is at the provider's discretion when staff should return to work following an investigation. The provider will want to make these decisions consistently so may benefit from having an internal policy to address this.

SUNBURN

See IS THIS A REPORTABLE INCIDENT? *section*

SUPERVISION PROVIDED BY SECTION OF THE INCIDENT INITIAL REPORT

Q. Who should be named in this section if the incident occurred at a family member's home and no staff were present?

A. The family member who was responsible for the individual at the time of the incident should be named.

Q. Should the direct support staff or his/her supervisor be named in this section if the incident occurred under a provider's supervision?

A. The person responsible for the individual at the time of the incident should be named.

UNKNOWN INJURY

Q. If a person continually has bruises of unknown origin, but there is not a suspicion of abuse or neglect and the bruises do not require medical attention, are the bruises reportable?

A. A bruise/contusion larger than 3 inches in any direction or a pattern of bruises regardless of size is reportable.

Was a probable cause identified from the investigation of the bruises of unknown origin?

Remember the overriding guideline – reportable incidents are any event or occurrence characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to an individual...

Q. The new DDRS Incident Reporting and Management policy relative to unknown injuries does not correspond with what we have been told related to people residing in group homes (ICF funding). Which guidelines should we follow for group home consumers starting March 1, 2011?

A. The DDRS Incident Reporting and Management policy effective March 1, 2011 applies to all individuals receiving supports/services through BDDS regardless of the funding source.

The overriding guideline in the DDRS Incident Reporting and Management policy is: Incidents to be reported to BQIS include any event or occurrence characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to an individual including, but not limited to...

Phrases to keep in mind – *resulting in or having the potential to result in* and *including, but not limited to*.

Injuries of unknown origin regardless of the severity of the injury could still fall under the overriding guideline.

Q. For SGL homes ISDH will likely consider any injury of unknown origin as possibly caused by abuse and/or neglect. Do you have examples of injuries of unknown origin that would definitely not potentially be caused by abuse and/or neglect?

A. No.

See IS THIS A REPORTABLE INCIDENT? *section*

URGENT CARE CENTER

See IS THIS A REPORTABLE INCIDENT? *section*

USE OF AVERSIVE TECHNIQUES

Q. What is an aversive technique?

A. An aversive technique includes, but is not limited to, seclusion, painful or noxious stimuli, or denial of a health-related necessity. Use of aversive techniques are prohibited from use for waiver-funded services in Indiana. The DDRS Use of Aversive Techniques Policy is available at: http://www.in.gov/fssa/files/Aversive_Techniques.pdf.

Q. If a person lives at home with family and the parent/guardian uses an aversive technique, is this considered reportable?

A. Yes.